

**FEC FORM 9
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations**

(a) Name

AMERICANS FOR JOB SECURITY

(b) Address (number and street) ☐ check if different than previously reported

107 SOUTH WEST STREET PMB 551

(c) City, State and ZIP Code

ALEXANDRIA

VA

22314

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30001135**3. Is This Statement**☒**New**

or

☐**Amended****4. Covering Period**M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 8

through

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8**5. (a) Date of Public Distribution(s)**M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 8**(b) Communication Title** High Taxes Hurt**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Stephen A DeMaura

(b) Address (number and street)

107 South West Street

(c) City, State and ZIP Code

Alexandria

VA

22314

(d) Name of Employer or Principal Place of Business

Americans for Job Security

(e) Occupation

President

9. Total Donations This Statement

.00

10.Total Disbursements/Obligations This Statement

111718.04

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Stephen DeMaura

SIGNATURE Electronically Filed by Stephen DeMaura

DATE 10/09/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

A.	(a) Name	Transaction ID : F91.000001	
	Stephen A DeMaura		
	(b) Address (number and street)		
	107 South West Street PMB 551		
	PMB 551		
	(c) City, State and Zip Code		
	Alexandria	VA	22314
	(d) Name of Employer or Principal Place of Business		(e) Occupation
	Americans for Job Security		President

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

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A. Full Name (Last, First, Middle Initial) of Payee

Crossroads Media

Mailing Address of Payee

66 Canal Center Plaza Suite 555

City	State	Zip Code
Alexandria	VA	22314

Name of Employer	Occupation
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Date of Disbursement or Obligation

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	8

Amount

110558.04									
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Communication Date

M	M	/	D	D	/	Y	Y	Y	Y
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Transaction ID : F93.000001

Purpose of Disbursement (including title(s) of communication(s))

Placement Costs: High Taxes Hurt

Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State:	MN	Disbursement/Obligation For:	2008
Al Franken		<input checked="" type="checkbox"/> Senate	District:		<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
F94.000002		<input type="checkbox"/> President			<input type="checkbox"/> Other (specify)	

Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State:		Disbursement/Obligation For:	
		<input type="checkbox"/> Senate	District:		<input type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> President			<input type="checkbox"/> Other (specify)	

Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State:		Disbursement/Obligation For:	
		<input type="checkbox"/> Senate	District:		<input type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> President			<input type="checkbox"/> Other (specify)	

B. Full Name (Last, First, Middle Initial) of Payee

Soundscapes

Mailing Address of Payee

3422 Old Cantrell Road

City	State	Zip Code
Little Rock	AR	72202

Name of Employer	Occupation
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Date of Disbursement or Obligation

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	8

Amount

1160.00									
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Communication Date

M	M	/	D	D	/	Y	Y	Y	Y
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Transaction ID : F93.000002

Purpose of Disbursement (including title(s) of communication(s))

Production: High Taxes Hurt

Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State:		Disbursement/Obligation For:	
		<input type="checkbox"/> Senate	District:		<input type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> President			<input type="checkbox"/> Other (specify)	

Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State:		Disbursement/Obligation For:	
		<input type="checkbox"/> Senate	District:		<input type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> President			<input type="checkbox"/> Other (specify)	

Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State:		Disbursement/Obligation For:	
		<input type="checkbox"/> Senate	District:		<input type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> President			<input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursement/Obligation This Page (optional)

111718.04

TOTAL This Period (last page this line number only)
(carry total from last page to line 10)

111718.04